Complete Summary

TITLE

Smoking: the percentage of patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attack (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attack (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months.

RATIONALE

1. Coronary heart disease (CHD)

Smoking is known to be associated with an increased risk of CHD.

2. Stroke/transient ischaemic attack (TIA)

   There are few randomised clinical trials of the effects of risk factor modification in the secondary prevention of ischaemic or haemorrhagic stroke. However, inferences can be drawn from the findings of primary prevention trials that cessation of cigarette smoking should be advocated.

3. Hypertension

   The British Hypertension Society recommends that all patients with hypertension should have a thorough history and physical examination and a smoking history is taken. Formal estimation of CHD risk should be undertaken.

4. Diabetes

   The risk of vascular complications in patients with diabetes is substantially increased. Smoking is an established risk factor for cardiovascular and other diseases.

5. Chronic obstructive pulmonary disease (COPD)

   Smoking cessation is the single most effective - and cost-effective - intervention to reduce the risk of developing COPD and stop its progression.

6. Asthma

   There are a surprisingly small number of studies on smoking related to asthma. Starting smoking as a teenager increases the risk of persisting asthma. One controlled cohort study suggested that exposure to passive smoke at home delayed recovery from an acute attack. New grade A evidence suggests that smoking reduces the benefits of inhaled steroids and this adds further justification for recording this outcome. (see Tomlinson et al., Thorax 2005)

7. Chronic Kidney Disease (CKD)

   There is good evidence from observational studies that people with CKD are at increased cardiovascular risk and hence the rationale for including CKD here.

8. Schizophrenia, bipolar affective disorder or other psychoses

   People with serious mental illness are far more likely to smoke than the general population (61% of people with schizophrenia and 46% of people with bipolar disorder smoke compared to 33% of the general population). Premature death and smoking related diseases, such as respiratory disorders and heart disease, are, however, more common among people with serious mental illness who smoke than in the general population of smokers

(Seymour L. Not all in the mind: the physical health of mental health service users. Mentality 2003).

9. Non-smokers

   It is recognised that lifelong non-smokers are very unlikely to start smoking and indeed find it quite irritating to be asked repeatedly regarding their smoking status. Smoking status for this group of patients should be recorded every 15 months up to and including 25 years of age.

10. Ex-smokers

    There are two ways in which a patient can be recorded as an ex-smoker. Firstly ex-smokers can be recorded as such in the previous 15 months. It is recognised that once a patient has been an ex-smoker for more than three years they are unlikely to restart. In recognition of this practices may choose to record ex-smoking status on an annual basis for three consecutive Quality and Outcomes Framework (QOF) years. Thereafter smoking status need only be recorded if there is a change. In this instance QOF years should be interpreted as a 12 month period.

This measure is one of two Smoking measures.

PRIMARY CLINICAL COMPONENT

Smoking status; coronary heart disease (CHD); stroke; transient ischaemic attack (TIA); hypertension; diabetes; chronic obstructive pulmonary disease (COPD); chronic kidney disease (CKD); asthma; schizophrenia; bipolar affective disorder; other psychoses

DENOMINATOR DESCRIPTION

Patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attach (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses

NUMERATOR DESCRIPTION

Number of patients from the denominator whose notes record smoking status in the previous 15 months*

*__Note__: For patients who have never smoked, smoking status should be recorded every 15 months up to and including 25 years of age. Ex-smokers may be recorded in one of two ways. Firstly, ex-smokers can be recorded as such in the previous 15 months. Secondly, practices may choose to record ex-smoking status on an annual basis for three consecutive Quality and Outcomes Framework (QOF) years. Thereafter, smoking status need only be recorded if there is a change.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Risk estimation and the prevention of cardiovascular disease. A national clinical guideline.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attack (TIA), hypertension, diabetes,

chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses*

*__Note__: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
F. where a patient has not tolerated medication
G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attach (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses

Exclusions

See "Description of Case Finding" field for exception reporting.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients from the denominator whose notes record smoking status in the previous 15 months*

*__Note__: For patients who have never smoked, smoking status should be recorded every 15 months up to and including 25 years of age. Ex-smokers may be recorded in one of two ways. Firstly, ex-smokers can be recorded as such in the previous 15 months. Secondly, practices may choose to record ex-smoking status on an annual basis for three consecutive Quality and Outcomes Framework (QOF) years. Thereafter, smoking status need only be recorded if there is a change.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record
Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Payment stages: 40-90%

EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Smoking 3. The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months.

MEASURE COLLECTION

Quality and Outcomes Framework Indicators

MEASURE SET NAME

Smoking Indicators

DEVELOPER

British Medical Association
National Health Service (NHS) Confederation

FUNDING SOURCE(S)

The expert panel who developed the indicators were funded by the English Department of Health.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None for the main indicator development group.

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Feb

REVISION DATE

2009 Mar

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: British Medical Association (BMA), and NHS Employers. Quality and outcomes framework guidance for GMS contract 2008/09. London (UK): British Medical Association, National Health Service Confederation; 2008 Apr. 148 p.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

MEASURE AVAILABILITY

The individual measure, "Smoking 3. The Percentage of Patients with Any or Any Combination of the Following Conditions: Coronary Heart Disease, Stroke or TIA, Hypertension, Diabetes, COPD, CKD, Asthma, Schizophrenia, Bipolar Affective Disorder or Other Psychoses Whose Notes Record Smoking Status in the Previous 15 Months," is published in the "Quality and Outcomes Framework Guidance." This document is available from the British Medical Association Web site.

NQMC STATUS

This NQMC summary was completed by ECRI on November 13, 2006. The information was verified by the measure developer on November 29, 2006. This NQMC summary was updated by ECRI Institute on January 28, 2009. This NQMC summary was updated again by ECRI Institute on October 1, 2009. The information was verified by the measure developer on March 4, 2010.

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